IMACS USER ID REQUEST								
INSTRUCTIONS: One Form Per User, Ty	pe or Print 1. Date://							
PURPOSE: 2. Check one of the following:								
Add New User Upd	ate User Delete User							
USER DETAILS:								
3. Last Name:								
4. First Name:								
5. Middle Name:								
6. Work Address:								
7. City/Installation: Stat	e: ZIP:							
8. COMM Phone: ()Ext								
9. COMM FAX: ()								
10. DSN Phone:Ext	_							
11. DSN FAX:								
12. E-mail Address:	- MA							
ORGANIZATION DETAILS:								
13. Service: Circle one of the following:	Army Air Force Navy Marines Other:							
<pre>14. Major Organization (See Instruction):_ 15. DODAAC:</pre>								
16. FUNCTIONAL ROLE: Check one of the								
10. FUNCTIONAL ROLL. Check one of the	rorrowing:							
DBA	DMISA Program Manager*							
Audit	Production Manager Level One*							
MISMO	Production Manager Level Two*							
MISO	Production Manager Level Three*							
MICO	Shipping Clerk							
Budget/Accounting*	Engineer*							
View DMISA(read only)*	<u>—</u>							
* Enter DMISA number under DMISA ACCESS.								
Zinot Zinon manadi dilati moddo.								

DMISA ACCESS:	distribution of the second			
17. List the DMISAs to which role:	the user r	equires	access and circ	cle the appropriate
	Principal	Agent	Co-Principal	Other:
	Principal	Agent	Co-Principal	Other:
	Principal	Agent	Co-Principal	Other:
	Principal	Agent	Co-Principal	Other:
	Principal	Agent	Co-Principal	Other:
	Principal	Agent	Co-Principal	Other:
Attach additional sheets if n	Principal necessary	Agent	Co-Principal	Other:
18. APPROVED BY:				THE RESERVE
1st Level Supervisor(Signatu:	re/Date): _			
Functional Technical OPR(Sign	nature/Date	;):		
19. FOLLOWING ENTRIES M	ADE BY DA	TA BASE	ADMINISTRAT	OR:
INFO_SYSTEM_USER				\$ and a second s
ISU_PASSWORD	··			
PERSON				
PERSON_AGREE_ASSOC				
ORGANIZATION				
FUNCTIONAL_ROLE				
FEDERAL_AGENCY				
FUNCTIONAL AREA				
NEGOTIATOR_ROLE				
DOD_ACTIVITY_ADDR				

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	313	IEM AUTHURIZAT	IUN	AUG	E22 KERNE	21 (2	AAR)		
	<u> </u>	PRIVAC	Y ACT	STAT	EMENT	***************************************			
clearance. Although disclos Authorization Access Reques	are an authorized user sure of the informatio st (SAAR)". Disclosus set forth at the begin	r of a Government autom on is voluntary, failure a are of records or the infor aning of the DISA conve	mated i to prov emation	inforq vide t	mation system (A the information parameters are	AIS) an may im	id/or to veri apede or pro concidently d	ify your le event the fiscional	mation. The information will level of Government security processing of your "System outside the DoD according to the Federal Register, and the
TYPE OF REQUEST	INITIAL	MODIFICATION			DELETION		0	ATE	
		PARTI (To b	ье сот	npleter	d by User)			-	######################################
1. NAME (LAST, First, MI)							2	SOCIAL S	SECURITY NUMBER
3. ORGANIZATION			4. OF	FFICE S	SYMBOLIDEPARTME	;NT	5.	. ACCOUNT	T C99E
6. JOB TITLE/FUNCTION					7. GRADE/RANK		8.	. PHONE Ø	DSN)
STATEMENT OF ACCOUNTABILE	•••				_	_			
I understand my obligation authorized access.	to protect my passwor	rd. I assume the respons	sibility	for d	ata and system I	am gra	inted access	to. I wil	il not exceed my
USER SIGNATURE			D	DATE					
		PART # (To be complete	ted by	User'	's Security Mana	ger)			
9. CLEARANCE LEVEL		10. TYPE OF INVESTIGATION	ON	*****			1'	I. DATE OF	NVESTIGATION
12. VERIFIED BY (Signature)	D BY (Signature) 13. PHONE NUME			13. PHONE NUMBI	ER	ER 14. DATE			
		PART III (To be com	rpleted	 1 by U	Iser's Supervisor,				
15. ACCESS REQUIRED (Location	n) - i.e DMC or DMC		<u> </u>						
18. ACCESS TO CLASSIFIED REQU	IRED?	17. TYPE OF USER					SECURITY A		
NO	YES	FUNCTIONAL			SYSTEM		OTHER (Sp		?ER
18. JUSTIFICATION FOR ACCESS ACCESS PER	guired to	perform	d	ut	res. I	ΞM	acs		
VERIFICATION OF NEED TO KNOW I certify that this user requir		d in the performance of i	his/her	r job f	function.	 -			
19. SIGNATURE OF SUPERVISOR	SIGNATURE OF SUPERVISOR 20. I		20. Of	ORG/DEPT.		21. PHONE NUMBER		}	22. DATE
23. SIGNATURE OF FUNCTIONAL O	23. SIGNATURE OF FUNCTIONAL DATA OWNER/OPR		24. OF	24. ORG./DEPT.		25. PHONE NUMBER			26. DATE
	Pi	ART IV (To be completed	by A.I.	S Seci	urity Staff adding	user)			<u> </u>
27. USERIO (Mainframe)		28. USERIO (Mid-Tier)				29.	USERID (Nei	work)	
30. SIGNATURE		31.		31. f	PHONE NUMBER			32. DATE	